PTO/SB/01 (10-00)

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DECLARATION AND POWER OF ATTORNEY			Attorney Do	cket Number	ETH5105		
			First Named Inventor Parris Wellman				
FOR UTIL	FOR UTILITY OR DESIGN			COMPLETE IF KNOWN			
	APPLICATION CFR 1.63)	٠.	Application I	Number			
Declaration Submitted with Initial Filing	Declaration Subn	ırcharge	Filing Date	_			
	(37 CFR 1.16(e)		Group Art U	nit			
			Examiner Na	ame			
As a below named invento	r, I hereby declare tha	t:					
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Surgical End Effector (Title of the Invention)							
the specification of which							
OR .							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	Country		Filing Date D/YYYY)	Priority Not Claime	Certified Copy d Attached?		
Number(s)		,	· · · · · · · · · · · · · · · · · · ·		YES NO		
Additional foreign applic	cation numbers are liste	d on a suppl	emental priori	ty data sheet P	TO/SB/02B attached hereto:		

DECLARATION - Utility or Design Patent Application						
I hereby claim the benefit under 35 U.S.C	. 119(e) of any United States provisional a	pplication(s) listed below.				
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:						
Application Serial No.	Filing Date	Status				
		Patented Patented Patented				
I hereby appoint:						
Practitioners at Customer Number  AND	000027777 →	Place Customer Number Bar Code Label Here				
Practitioner(s) named below:  Name  Registration Number						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Address all telephone calls to Brian S. Tomko at telephone number (732) 524-1239.						
Customer Number  Direct all correspondence to:						
Name:						
Address:						
Address:						
City:	State:	ZIP				
Country	Telephone:	Fax:				

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SECOND INVENTOR:	☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Parris	Family Name or Surname Wellman				
Inventor's Signature	· - · · · · · · · · · · · · · · · · · ·	Date			
Residence: City Hillsborough	State NJ	Country US		Citizenship US	
Mailing Address 61 Taurus Dr., Apt. 3!	*				
City Hillsborough	State NJ	ZIP	08844	Country US	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:	VENTOR: ☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Simon	Family Name or Surname Cohn				
Inventor's Signature			Date		
Residence: City North Arlington	State NJ	Cour	itry US	Citizenship US	
Mailing Address 9 Webster St., Apt 2.					
City North Arlington			07031	Country US	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF THIRD INVENTOR:	☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) John		Family Name or Surname			
Inventor's Signature			Date		
Residence: City Staten Island State NY		Cour	itry US	Citizenship US	
Mailing Address 48 Ashton Dr.					
City Staten Island			10312	Country US	

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I hereby declare that all statements mainformation and belief are believed to that willful false statements and the lik U.S.C. 1001 and that such willful false issued thereon.	be true; and further e so made are pun	r that these sta iishable by fine	atements we or imprisor	re made with the knowledge nment, or both, under 18	
NAME OF THIRD INVENTOR:     A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Joshua		Family Name or Surname	Samon		
Inventor's Signature		Maria 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date		
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City Jersey City	State NJ	ZIP (	7302	Country US	